Scannable Form FTB 3539 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)		Use Courier 12-point font, not bold, for taxpayer data
	NUMERIC	=	0-9		(print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	ALPHANUMERIC	=	A-Z, 0-9		
	LEFT JUSTIFY	=	LJ		
	RIGHT JUSTIFY	=	RJ		

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	"Voucher at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	–	–	–	–
6-11	"DO NOT FILE ..." and box	12	62	73	Conventional form size/style
12	Blank line	–	–	–	–
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	–	–	–	–
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36-44	Blank lines	–	–	–	–
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	–	–	–	–
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Tax Year Area "2007"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3539 (CORP)) Area	70	9	78	Conventional form size/style
49	Tax Year Area "2007"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3539 (CORP)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	–	–	–	–
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits, or zero fill (e.g., "1234567" or "0000000")
51	Entity Name Control (First Four characters of Corporation or Exempt Organization Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "–", zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "( )", "–", embedded space, no other symbol or punctuation, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"07"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	The type of return the entity will file: 100, 100S, 100W = "1" 109 = "2" 199 = "3" More than one form/No form = "0"
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "–", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" **only** if TYB is unknown

Scannable Form FTB 3539 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	
	NUMERIC	=	0-9	Use Courier 12-point font, not bold, for taxpayer data
	ALPHANUMERIC	=	A-Z, 0-9	(print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "–", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" **only** if TYE is unknown
53	Name of Corporation or Exempt Organization (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "–", "/", "&", No other symbols or punctuation
54	Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no additional address information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "–", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "–", LJ
57-58	Blank lines	–	–	–	–
59	"Total Payment Amt" (mandatory)	46	17	62	"Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	–	–	–	–
62-63	Bottom Registration Mark and conventional form FTB 3539	–	–	–	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6141076"